

<b>U.S. DEPARTMENT OF AGRICULTURE</b> <b>ANIMAL AND PLANT HEALTH INSPECTION SERVICE</b> <b>PLANT PROTECTION AND QUARANTINE</b>  <b>REMEDIAL MEASURES BILLING</b> <i>(Statement of Services)</i>		1. ORIGINATING OFFICE AND TELEPHONE NO.	2. LOCATION CODE <i>(4 Digits)</i>
		3. SERVICE DATE	4. IRS TAX ID NO./SS NO.
5. OWNER/AGENT NAME	6. OWNER/AGENT ADDRESS	7. OWNER/AGENT TELEPHONE NO.	

**NOTE: Partial units must be in quarter increments (e.g., 15 minutes = 1; 30 minutes = 2; 45 minutes = 3)**

8. REIMBURSABLE TIME <i>(2 hour minimum)</i>	9. UNIT COST		10. NUMBER OF UNITS		11. TOTAL DOLLARS
	FOR HOURS	FOR QUARTERS	FOR HOURS	FOR QUARTERS	
Normal Tour of Duty	\$56.00	\$14.00			
Outside Normal Tour of Duty					
Sunday/Holiday	\$74.00	\$18.50			
Other than Sunday/Holiday	\$65.00	\$16.25			
Commuted Travel Time <i>(If applicable under 7 CFR § 354.2)</i>	\$65.00	\$16.25			
					12. TOTAL REIMBURSABLE CHARGE \$ _____
13. ADDITIONAL COSTS <i>(See Attached Invoice(s))</i> <input type="checkbox"/> Destruction \$ _____ <input type="checkbox"/> Treatment \$ _____ <input type="checkbox"/> Handling \$ _____ <input type="checkbox"/> Transit \$ _____ <input type="checkbox"/> Other \$ _____					14. TOTAL ADDITIONAL COSTS \$ _____
15. IDENTIFICATION OF CARGO Carrier _____ Entry No. _____ Airway Bill/ Bill of Lading No. _____ Broker Reference No. (If Applicable) _____					16. TOTAL AMOUNT DUE \$ _____
17. REMARKS					

**CERTIFICATION: I CERTIFY THAT SERVICES RECORDED ABOVE WERE PERFORMED.**

18. PLANT PROTECTION AND QUARANTINE OFFICER'S SIGNATURE	19. SIGNATURE DATE
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